

Department of Health and Human Services
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11 State House Station
Augusta, Maine 04333-0011
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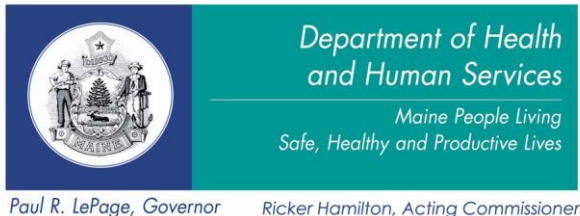
Maine Social Services Block Grant (SSBG) Pre-Expenditure Report (Intended Use Plan) Federal Fiscal Year 2018

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Project Period: October 1, 2017 – September 30, 2018

This document has been prepared in accordance with Title XX of the Social Security Act, the Social Services Block Grant (SSBG).



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STATE OF MAINE

Social Services Block Grant

Pre-Expenditure Report (Intended Use Plan)

Federal Fiscal Year 2018

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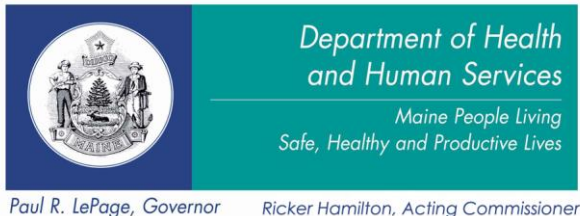
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INTRODUCTION

The Social Services Block Grant legislation requires that each state seeking funds under this program prepare a report on the intended use of the Block Grant funds prior to their distribution. The pre-expenditure report must include information on the service activities that will be supported by these funds and the characteristics or categories of persons who will be eligible to receive the services. The report is submitted to the Secretary of the Federal Department of Health and Human Services and simultaneously published within the state. Should any substantial changes occur in the services or use of the funds during the year, a revised report must be submitted to the Secretary and made public within the state.

This Social Services Block Grant Pre-expenditure Report is intended to briefly explain the social services available to the citizens of Maine through the federal Social Services Block Grant, other federal funds, and related state appropriations for the upcoming federal fiscal year.



Paul R. LePage, Governor Ricker Hamilton, Acting Commissioner

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I. State/Federal Fiscal Year covered in Pre-expenditure Plan

Specify the fiscal year, including start and end dates, covered in the pre-expenditure plan.

Fiscal Year (*select one*):

☐

State

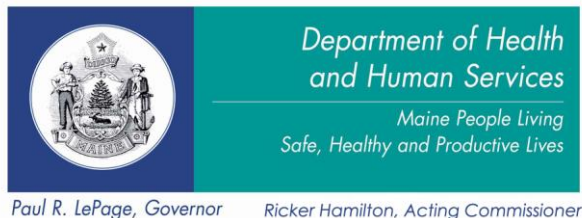
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Federal

Dates (*start and end date of fiscal year*):

Start Date: 10/01/2017

End Date: 09/30/2018



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Theresa E. Taylor, LMSW
Social Services Program Specialist
Social Services Block Grant (SSBG)
Division of Social Services (DSS)
[Office of Community Services, Administration for Children and Families](#)
[Department of Health and Human Services](#)
330 C Street, SW
Washington, DC 20201

Dear Ms. Taylor:

Enclosed is the Social Services Block Grant Pre-expenditure Report (Intended Use Plan) for the State of Maine. This report covers Federal Fiscal Year 2018, which operates from October 1, 2017, through September 30, 2018.

The State official receiving the SSBG Grant Award is:

Mr. Ricker Hamilton, Acting Commissioner
Maine Department of Health and Human Services
221 State St.
Augusta, ME 04333
Telephone: 207-287-3707
Fax: 207-287-3005
Email: Ricker.Hamilton@maine.gov

The Authorized Organizational Representative is:

Mr. Scott Lever, Acting Deputy Commissioner of Health Services
Maine Department of Health and Human Services
221 State St.
Augusta, ME 04333
Telephone: 207-287-3707
Fax: 207-287-3005
Email: Scott.T.Lever@maine.gov

The Grant Administrator is:

Ms. Christa Elwell, LMSW
Maine Office of Child and Family Services
2 Anthony Ave.
Augusta, ME 04333
Telephone: 207-624-7900
Email: Christa.Elwell@maine.gov

If you have any questions regarding this report, please contact christa.elwell@maine.gov.

Sincerely,

Christa Elwell, LMSW
Finance Team Manager
Office of Child and Family Service

III. Public Inspection

With passage of the Omnibus Budget Reconciliation Act of 1981 (PL 97-35) creating the block grants, the Governor of the State of Maine designated the Department of Health and Human Services as the state's lead agency for the planning and administration of the Title XX Social Services Block Grant. Since 1981, the Office of Child and Family Services has overseen the administering and monitoring of SSBG with consultation from the DHHS Financial Services Center and the DHHS Commissioner's Office.

The Department has produced this plan to meet the requirements for receiving Title XX Social Service Block Grant funds and to facilitate public comment on the services to be supported by Title XX funds.

The goal of providing social services is to help families and individuals with challenges that threaten their well-being or their ability to function self-sufficiently. Input from consumers, community leaders, providers, and citizens is a critical component to maintaining a viable network of social services. The Department places a three-day public notice in the Kennebec Journal, notifying Maine citizens of the posting of the Draft Report and seeking comments/feedback.

In accordance with Section 2004 (U.S.C. 1397c), the DRAFT Maine Social Services Block Grant (SSBG) Pre-Expenditure Report (Intended Use Plan) Fiscal Year 2018 was published and made electronically available for public comment and review during the month of September 2017 on the State of Maine DHHS website at <http://www.maine.gov/dhhs/ocfs/aboutus.shtml>.

Comments/feedback on this Report/Plan may be submitted to Christa Elwell via email at christa.elwell@maine.gov, via fax at (207) 287-6156, or via mail at 2 Anthony Ave., Augusta, ME 04333. Comments/Feedback are accepted until September 30, 2017, at 5pm Eastern Standard Time. A copy of the newspaper public notice will be included in the final Report/Plan.

IV. Narrative

A. Administrative Operations

1. State Administrative Agency

Agency Designated to Administer SSBG Program:

Maine Department of Health and Human Services (MDHHS)

Vision

Maine people living safe, healthy, and productive lives.

Foundational Values

Honesty, Respect, Integrity, Responsibility, Accountability, Compassion, Empathy, and Fairness.

Guiding Principles

- Treat consumers with dignity and respect
- Deliver services that are individualized, family-centered, easily accessible, preventative, independence-oriented, interdisciplinary, collaborative, evidence-based and consistent with best and promising practices.

- Value and support departmental staff as a critical connection to the consumer.
- Engage staff, stakeholders, providers and customers in a collaborative partnership that continuously seeks excellence in service design and delivery.
- Balance centralized accountability with regional flexibility.
- Align systems, actions, and values toward a common vision.

Goals

- Protect and enhance the health and well-being of Maine people
- Promote independence and self sufficiency
- Protect and care for those who are unable to care for themselves
- Provide effective stewardship for the resources entrusted to the department

Outcomes

- High Performing Staff
- Excellent Provider Partnerships
- Integrated Services
- Superior Customer Service
- Efficient and Effective Administration

Most recent strategic plan can be reviewed here: <http://www.maine.gov/dhhs/documents/DHHS-Strategic-Plan.pdf>

The Department's SSBG grant administration occurs within the Office of Child and Family Services' (OCFS) Operations Unit. The Finance Team Manager is the Grant Administrator and coordinates the programmatic and financial management and monitoring across the Department. Monitoring at the individual service level is conducted throughout the Department by the service area's respective program manager(s). OCFS works closely with all program managers to ensure coordination, as well as coordinating with the Department's Financial Services Center regarding financial management. OCFS also works with the Division of Contract Management Services in procurement of all contracted services.

2. State Offices/Departments

Below are descriptions of MDHHS Offices where Title XX funds are intended to be allocated:

Maine Office of Aging and Disability Services (OADS) - <http://www.maine.gov/dhhs/oads/>

The Office of Aging and Disability Services (OADS) supports Maine's older and disabled adults by providing Adult Protective, Brain Injury, Other Related Conditions, Intellectual and Developmental Disability, Long Term Care, and Aging and Community services to the people of Maine.

OADS coordinates the programs and benefits to assure they operate consistent with the state and federal policies and the Maine Department of Health and Human Services' goals. Its vision is promoting individual dignity through respect, choice, and support for all adults. Its mission is to promote the highest level of independence, health and safety of older citizens, vulnerable adults and adults with disabilities.

Maine Office of Child and Family Services (OCFS) - <http://maine.gov/dhhs/ocfs/>

The Office of Child and Family Services (OCFS) supports Maine's children and their families by providing Children's Behavioral Health, Child Welfare, Early Intervention and Prevention Services, and Operations. Its vision is that Maine children can count on communities promoting safety, resiliency, and the well-being of their families. Its mission is to protect the vulnerable by promoting a collaborative, efficient, accountable and consistent service array which encourages recovery, resilience, and growth in children and families.

Children's Behavioral Health Services focus on behavioral health treatment and services for children from birth up to their 21st birthday. Services include providing information and assistance with referrals for children and youth with developmental disabilities/delays, intellectual disability, Autism Spectrum Disorders, and mental health disorders.

Child Welfare seeks safety, well-being, and permanent homes for children, working with professionalism and respecting the dignity of all families. Child abuse reports are investigated on behalf of Maine communities, working to keep children safe and to guide families in creating safe homes for children.

Early Intervention and Prevention Services seek to promote the health, well-being, and safety of children and families by reducing the risk and effect of adverse childhood experiences (such as neglect, trauma, or exposure to violence). Administering best practice services that create a community of caring for intergenerational members focused on increasing protective factors such as health, education, safety promotion, social connections and family strengthening supports.

Operations perform a variety of functions that assist OCFS managers, supervisors, and staff in managing their performance, as well as programs that assist the children and families they serve. Their mission is to provide quality services in the areas of administration, finance, contracting, quality improvement, and information services to all OCFS programs. They achieve this by being efficient, effective, and customer-service focused.

Maine Office of Substance Abuse and Mental Health Services (SAMHS) - <http://www.maine.gov/dhhs/samhs/>

The Maine Office of Substance Abuse and Mental Health Services is the single state administrative authority responsible for the planning, development, implementation, regulation, and evaluation of substance abuse and mental health.

The Office provides leadership in substance abuse and mental health prevention, intervention, treatment, and recovery. Its goal is to enhance the health and safety of Maine citizens through the reduction of the overall impact of mental illness and substance use, abuse, and dependency.

B. Fiscal Operations

1. Criteria for Distribution

The distribution of SSBG funds is influenced by many factors, such as the availability of other federal, state and local funds; the availability of services from other federal or state agencies, private non-profit agencies, local agencies or family members; and the priorities and strategic plan of MDHHS.

2. Planning Process for Use and Distribution of Funds

Temporary Assistance to Needy Families (TANF) regulations authorize the use of up to 10% of a state's TANF grant to carry-out programs pursuant to Title XX of the Social Security Act.

TANF-transferred SSBG funds will support OCFS' Foster Care Services as described in this report, subject to the federal requirement that TANF funds transferred to SSBG shall be used only for programs and services to children and their families whose income is below 200% of the federal income poverty guidelines. The Department is estimating a transfer of \$7,684,650.

3. Financial Operating System

The State of Maine has two indirect cost allocation agreements that affect the accounts within Maine Department of Health and Human Services. These two allocation agreements are a Statewide Cost Allocation agreement (Sta-Cap) and a Departmental Indirect Cost Allocation Plan (Di-Cap, PACAP). These two plans pay for entirely different services, so the underlying costs that make up the negotiated plans are entirely separate.

Sta-Cap is known as a Central Services Cost Allocation Plan. This plan is rate-based and pays for central services, such as Bureau of Budget, State Controller's Office, utility costs for State-owned office buildings, and other statewide services. The Sta-Cap rate is negotiated yearly with Cost Allocation Services of the federal DHHS. The approved rate for MDHHS for SFY 2017 (July 16-June 17) is 5.101%. The SFY18 rates are still being negotiated. The calculation is the 5.101% multiplied by expenditures eligible for allocations. Eligible expenditures include all expenditures except for pass-through money, direct services to the affected public, capital expenditures, and bank fees.

Di-Cap is known as a Public Assistance Cost Allocation Plan (PACAP). This plan is not a rate-based plan but based on actual administrative expenditures. Costs are broken up into cost pools, which for DHHS are the accounting units. Each unit has a cost pool that is allocated based on an approved allocation method. All units within DHHS have an assigned allocation method. There are two types of allocation methods: Direct and Indirect methods. Direct methods are costs that can be easily identified to the program they benefit. In this case the Direct Method would be "Direct to Social Services Block Grant." Indirect methods are costs that benefit multiple programs and are not easily identified.

Since the PACAP is based on actual expenditures, the amount of Di-Cap is estimated based on the prior year's expenditures for the indirect cost pools. The two primary drivers of indirect costs for OCFS grants (excluding Title IV-E) include Head Count and Contract Count.

C. Program Operations

1. SSBG Statutory Goals the State Plans to Achieve

In accordance with the Social Services Block Grant legislation, the Maine Department of Health and Human Services makes available services intended to:

1. Assist individuals in achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
2. Assist individuals in achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
3. Prevent or remedy neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserve, rehabilitate or reunite families;

4. Prevent or reduce inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
5. Secure referral or admission for institutional care when other forms of care are not appropriate, or provide services to individuals in institutions.

2. Characteristics of Individuals to be Served

DEFINITION OF FAMILY

For purposes of determining financial eligibility, a family is defined as: A group of related or non-related individuals, who are not residents of an institution or boarding house, but who are living as one economic unit. An economic unit consists of all individuals who share a dwelling unit and either pool income or share expenses in common. Children in the care or custody of the Department of Health and Human Services are exempted from the above definition of family, and are considered a family of one.

DEFINITION OF CHILD

An individual who has not reached his or her 18th birthday. As defined in 34-B M.R.S.A. § 15001(3). Refer to: <http://www.mainelegislature.org/legis/statutes/34-B/title34-Bsec15001.html>.

DEFINITION OF ADULT

A person who has attained the age of eighteen (18).

ELIGIBILITY FOR SERVICES

While the federal legislation creating the Social Services Block Grant repealed the client income eligibility requirements of the previous Title XX program, the State of Maine has retained the concept of income eligibility when maintenance in the community and rehabilitation are the goals to which services are directed. The Department through its experience in the social, health, and financial assistance fields regarding individuals with low incomes is acutely aware of the challenges many of these individuals encounter in their attempts to strengthen themselves financially and socially. The Department continues to direct its programs and services to those individuals least able to access needed services on their own.

Further, the Department of Health and Human Services has determined that particular groups of individuals are to be provided Social Services Block Grant funded services regardless of income level. Individuals receiving services within the framework of the Department of Health and Human Services' Child Protective Services are eligible for service without regard to income when part of a Department case plan. In addition, sexual assault services, domestic violence services, and nutrition services for the elderly are available without regard to income.

Except as noted in this section, the Maine Department of Health and Human Services Social Services Block Grant-funded services and related state-funded services will retain income eligibility requirements for FY2018. Persons receiving assistance through the Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) programs are financially eligible for needed services based on their income maintenance status. Other persons whose gross family income does not exceed the limits set forth in this report are also financially eligible to receive needed services.

In all circumstances, the Department of Health and Human Services assures that there shall be no discrimination against any applicant for, or recipient of, services on the basis of race, color, sex, religious creed, ancestry, national origin, or any other factors specified in Title IV of the Civil Rights Act of 1964, (42 U.S.C. 2000d); Section

504 of the Rehabilitation Act of 1973, *et seq.*; the Age Discrimination Act of 1975, *et seq.*, and any applicable state statutes.

2017 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add \$4,180 for each additional person.	
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320

SOURCE: <https://aspe.hhs.gov/poverty-guidelines>

AVAILABILITY OF SERVICES

Social Service Block Grant services are purchased from private, community programs and are available statewide. Because the need for services often exceeds the limited funds available for service, agencies may establish waiting lists, priority systems, or limits on the length of or amount of services that an individual may receive. A list of agencies with which the Department contracts for services are available upon request from the Office of Child and Family Service or the DHHS Division of Contract Management.

3. Types of Activities to be Supported

This report highlights the specific programs and services which the Maine Department of Health and Human Services has determined be made available in fiscal year 2018, to assist individuals in attaining the five federal block grant program goals. The Operations Unit in its administration of multiple social services programs approaches the funding of these programs through the coordinated use of federal, state, and local funds. Federal Social Services Block Grant funds are utilized in conjunction with legislatively appropriated state social service funds and other federal funding sources, to meet a broad range of client needs identified within service programs.

CATALOG OF PROGRAMS and SERVICES

The following services and programs will be funded, in whole or in part, with federal Social Service Block Grant funds during Fiscal Year 2018. The following lists are organized by the federal SSBG service category titles and the corresponding State of Maine's service area titles.

SSBG Service Category	State Administered Services
Employment Services	Supported Employment
Foster Care Services - Children	Services for Families and their Children that are in Foster Care
Home Based Services	Consumer Directed and Home Based Care, Independent Support Services
Home Delivered Meals	Nutrition Services
Housing Services	Shelter Plus Care
Prevention and Intervention	Domestic Violence Services/ Sexual Assault Services; Dementia Pilot
Transportation Services	Transportation

Charts on the following pages provide overviews of each Maine Department of Health and Human Services-administered service to be provided. For each service, charts include the service description, the method of delivery, service/program objective(s), service eligibility criteria, the service budget allocations, and the projected number of clients to be served.

The method of delivery stated on the charts reflects the manner in which the Department of Health and Human Services offers each service. Services made available through private, community agencies are purchased through formal agreements between the Department and each service provider agency.

Eligibility criteria cited on the charts reflects eligibility for Social Service Block Grant-related services based upon an individual's inclusion in particular target groups, income maintenance status, individual's presenting problem and/or need, and/or and general income criteria. Unless noted elsewhere in this report, the eligibility criteria information for the services provided by private agencies applies to that portion of the services these agencies provide. These are included in their Department of Health and Human Services service agreement that contains Social Services Block Grant funding, other federal funds, related state funds, and any required local matching funds. These private agencies may provide services through other funding arrangements to persons other than those described in the following charts.

The service funding information presented on the following pages reflect only those other federal and state funds directly related to SSBG service provision and within the OCFS Operations Unit's administrative umbrella. Unless noted in the charts on the following pages, services are available on a statewide basis.

EMPLOYMENT SERVICES
Supported Employment

Program/Service Definition: Supported employment is an evidenced-based practice to assist adult mental health consumers obtain employment in the community, maintain employment and improve their employment related skills.

Method of Delivery: Purchased - Private agencies
Contracted through DHHS, Office of Substance Abuse and Mental Health Services

Service Objective:

Certified Employment Specialists provide supported employment services in order to assist individuals in becoming employed and maintaining employment. These services are integrated with behavioral health services. Employment Services are included as a core service in the Consent Decree

Client Eligibility:

Services are provided to individuals who are interested in becoming employed who meet the following eligibility requirement of the MaineCare Benefits Manual:

- Specific Requirements, as stated in 10-144 C.M.R. ch. 101, ch. 2, § 17.02-3; or
- Specific Requirements, as stated in 10-144 C.M.R. ch. 101, ch. 2, § 92.03-2.

FFY2018 SERVICE BUDGET ALLOCATION:

SSBG Funds	Funds Transferred into SSBG	Other Federal Funds	State Funds	Total
\$567,245	\$0	\$0	\$354,185.50	\$921,431

FFY2018 SERVICE RECIPIENT PROJECTIONS:

Total Clients – 350

FOSTER CARE SERVICES - CHILDREN

Program/Service Definition:

Service are provided to children and their families that are involved in Maine's foster care system, as well as older youth participating in extended care agreements. Foster care services include, but are not limited to, services to support reunification of youth in care with their parents, temporary emergency shelter, child care, and transportation.

Method of Delivery:

Purchased - private agencies
Contracted through DHHS, Office of Child and Family Services

Service Objectives:

- To provide services to children in foster care to reunify with their families or other permanent outcome.

Client Eligibility:

- Must meet 200% of the Federal Poverty Limit.
- Children and families involved in child protective services.

FFY2018 SERVICE BUDGET ALLOCATION:

SSBG Funds	Funds Transferred into SSBG	Other Federal Funds	State Funds	Total
\$ 0	\$7,684,650	\$25,218,368	\$53,940,970	\$ 86,843,988

FFY2018 SERVICE RECIPIENT PROJECTIONS:

Total Clients – 2375

HOME BASED SERVICES

Consumer Directed Home Based Care, Home Based Care, and Independent Support Services

Program/Service Definition:

Consumer Directed Home Based Care (CDHBC) delivers services to elders and adults with disabilities that allow them to maximize independent living opportunity at home, to remain in the community, and avoid or delay placement in higher cost settings. Consumer Directed Home Based Care services include the following: service coordination, personal assistance services, transitional services, transportation, and personal emergency response (assistive technology). Home Based Care (HBC) serves individuals who are at greatest risk of institutionalization through the provision of service coordination, personal care, nursing, therapies, respite, adult day health, home modifications, personal emergency response (assistive technology), and limited transportation to activities covered in the plan of care. Independent Support Services (ISS) delivers services to individuals assessed as needing assistance at home with Independent Activities of Daily Living (IADL). Activities supported include meal preparation, light household cleaning, laundry, grocery shopping, and limited transportation.

Method of Delivery:

Purchased - private agencies

Contracted through DHHS, Office of Aging and Disability Services

Service Objectives:

The overall goal is to assist eligible consumers with services needed to avoid or delay placement in higher cost settings. Consumers receiving Home Based Care services will retain or increase their level of independent living, receiving the quality and quantity of services needed to remain at home.

Client Eligibility:

- The Assessing Services Agency (ASA) conducts a face-to-face assessment to determine medical eligibility and the need for CDHBC and HBC services covered.
- The ASA develops an authorized plan of care that specifies all services to be delivered based on the assessment, within the service level boundaries established in the policy referenced above.
- The contracted Provider of ISS conducts a face-to-face assessment to determine medical eligibility and the need for ISS.
- Reassessments which follow the same procedures are conducted annually or sooner when the client's medical condition changes.

FFY2018 SERVICE BUDGET ALLOCATION:

SSBG Funds	Funds Transferred into SSBG	Other Federal Funds	State Funds	Total
\$2,272,238	\$0	\$1,434,160	\$11,761,200	\$15,467,598

FFY2018 SERVICE RECIPIENT PROJECTIONS:

Total Clients – 1,860

HOME DELIVERED MEALS

Nutrition Services

Program/Service Definition:

Home-delivered meals provide a hot meal that includes one third the minimum daily adult requirements and may be supported by nutritional education, counseling, and socialization. Meals are delivered to the residence of individuals who are homebound.

Method of Delivery:

Purchased - private agencies
Contracted through DHHS, Office of Aging and Disability Services

Service Objectives:

- To prevent institutionalization, malnutrition, and feelings of isolation of adults living in the community.

Client Eligibility:

- Adults in public guardianship and active adult protective cases, when part of the Department case plan.
- Elderly persons who are Area Agency on Aging case management clients, when part of a case plan.
- Physically handicapped adults and elderly individuals residing in the community.

FFY2018 SERVICE BUDGET ALLOCATION:

SSBG Funds	Funds Transferred into SSBG	Other Federal Funds	State Funds	Total
\$ 711,876	\$0	\$2,758,180	\$275,000	\$3,745,056

FFY2018 SERVICE RECIPIENT PROJECTIONS:

Total Clients – 5,736

HOUSING SERVICES

Shelter Plus Care

Program/Service Definition:

Shelter Plus Care (SPC) program, more recently known as the Continuum of Care (CoC) program, which is a federally-funded, housing voucher program governed under 24 C.F.R. Part 582 and 24 C.F.R. Part 578 respectively through the U.S. Department of Housing and Urban Development (HUD).

Method of Delivery: Purchased - private agencies
Contracted through Office of Substance Abuse and Mental Health Services

Service Objectives:

This permanent supported housing voucher program provides homeless persons suffering from Severe and Persistent Mental Illness (SPMI), Substance Use Disorders, Dual Diagnosis, or HIV/AIDS, with Permanent Supportive Housing Vouchers (PSHVs) and referrals to health care, mental health, and substance abuse treatment services.

Client Eligibility:

Ensure that the following components of the S+C/CoC eligibility requirements below are met before an Applicant is considered to receive S+C/CoC Services. All Recipients must be Adults who are Homeless, as defined in 24 C.F.R. Part 578.3 and 24 C.F.R. Part 582.5, and be diagnosed with at least one (1) of the following Disabilities:

- Severe and Persistent Mental Illness (SPMI);
- Dual-Diagnosis; and/or
- HIV/AIDS.

Perform the following verifications for each Applicant:

- Homelessness verification, according to 24 C.F.R. Part 576.500(b);
- Disability verification, according to 24 C.F.R. Part 582.301(c);

Ensure that all S+C/CoC funds are provided to individuals according to how they are categorized on the following Priority List, on a ranked basis (as numbered below; 1 being the highest priority and 5 being the lowest priority):

1. Chronically Homeless, as defined in 24 C.F.R. Part 578.3;
2. Long-term Stayer;
3. Literally Homeless;
4. Graduating/moving from Transitional Housing, as defined in 24 C.F.R. Part 578.3; and
5. All other Applicants.

FFY2018 SERVICE BUDGET ALLOCATION:

SSBG Funds	Funds Transferred into SSBG	Other Federal Funds	State Funds	Total
\$ 514,800	\$0	\$8,555,087	\$0	\$9,069,887

FFY2018 SERVICE RECIPIENT PROJECTIONS:

Total Clients –1,432

**PREVENTION and INTERVENTION
Dementia Pilot**

Program/Service Definition:

Dementia Response Intervention services reach older adults with Dementia that are living alone in the southern Maine community who are at serious risk of abuse, neglect, and/or exploitation as their cognitive abilities decline. The service was developed to serve the growing number of un-befriended and inadequately supported elders with dementia who live day-to-day in crisis due to abandonment by the community and/or family members. Dementia specialist staff creates a trusting relationship with these vulnerable, socially isolated elders and work with them to reduce the risks inherent in their situation, help them function to the best of their ability within their homes, and if necessary, help them transfer to a safer living situation.

Method of Delivery: Purchased - Private agencies
Contracted through DHHS, Office of Aging and Disability Services

Service Objectives:

- **Provide Individualized Client Support:** Resources and strategies which are person-centered and goal-focused and may include any of the following services:
 - Comprehensive needs assessment and written Support Plan
 - Researching, securing, and monitoring resources to meet needs
 - Coordinating with an individual's health care providers
 - Transporting and accompanying client on outings necessary to the Support Plan including, but not limited to, medical appointments, shopping, and introductory visits to community activities
 - Money management overseen by contracted agency staff
 - Reconnecting client with community supports and activities
 - Interim coordination for basic needs (food, shelter, transportation, etc.)
- **Supported Client Decision Making:** Including care providers, advanced care planning, housing options, use of personal financial resources and other life decisions
- **Stakeholder Support Plan Meeting(s):** Convened and led by contracted agency to facilitate information sharing and coordinated planning on behalf of the client
 - Concerted effort to re-engage family and/or other informal supports in client's care
- **Linkage to other community services:** Provided as appropriate, Meals on Wheels, Adult Day Services, Family Caregiver Support, and friendly visitors
- **Dementia-capable training and coaching:** Formal and informal supports (e.g., DHHS staff, first responders, neighbors and others) to optimize effective interactions with the client

Client Eligibility:

- Individuals with a serious memory loss, whether or not they have a formal diagnosis of Alzheimer's disease or Related Dementia (ADRD), and live alone without adequate supports.
- Older adults that have been screened by Adult Protective Services to be at risk for abuse, neglect, or financial exploitation.

FFY2018 SERVICE BUDGET ALLOCATION:

SSBG Funds	Funds Transferred into SSBG	Other Federal Funds	State Funds	Total
\$ 129,000	\$0	\$0	\$0	\$ 129,000

FFY2018 SERVICE RECIPIENT PROJECTIONS:

Total Clients – Pilot project in York County to serve a total of 25-30 clients over a two-year period.

PREVENTION and INTERVENTION
Domestic Violence and Sexual Assault Services

Program/Service Definition:

Domestic Violence Resource Centers (DVRC's) and Sexual Assault Support Centers (SASCs) offer an array of services statewide for victims of human trafficking, and/or, domestic, dating, and/or sexual violence, including, but not limited to: advocacy and information through a 24-hour help line, temporary emergency shelter and transitional housing (DVRC's only), specialized programming for children exposed to domestic and/or sexual violence, school and community-based outreach and education, court advocacy, medical accompaniment, and support groups. There is also a Child Protective Services-Domestic Violence Liaison located within

A Domestic Violence-Child Protective Services (DV-CPS) Liaison is located within a child welfare office in each of the eight (8) districts. The DV-CPS Liaison works directly with the families affected by domestic violence, referred to them by the caseworkers.

There is a Children's Advocacy Center (CAC) located within each of the eight (8) districts. The CAC's mission is to promote the healing of child victims of sexual abuse by providing a strong community response to the investigation, treatment, and prevention of child sexual abuse. Referrals to CAC's are only accepted by law enforcement or CPS.

Method of Delivery: Purchased - Private agencies
Contracted through DHHS, Office of Child and Family Services

Service Objective:

- To provide advocacy and support to victims of human trafficking, domestic, dating, and/or sexual violence and their family members affected by same

Client Eligibility:

- Without regard to income, victims of human trafficking, domestic, dating, and/or sexual violence and their family members affected by same

FFY2018 SERVICE BUDGET ALLOCATION:

SSBG Funds	Funds Transferred into SSBG	Other Federal Funds	State Funds	Total
\$930,963	\$0	\$8,376,316	\$1,500,000	\$ 10,807,279

FFY2018 SERVICE RECIPIENT PROJECTIONS:

Total Clients –20,000

TRANSPORTATION SERVICES

Program/Service Definition:

Transportation services consist of the provision of or arrangement for the conveyance of individuals from one location to another via means of public and/or private vehicle.

Method of Delivery: (Purchased - private agencies)

Contracted through DHHS, Office of Child and Family Services and Office of Substance Abuse and Mental Health Services

Service Objective:

- To enable persons who have no other reasonable means of transportation available to access necessary and critical social and medical services.

Client Eligibility:

- When part of a Department case plan, the following groups are eligible without regard to income: child protective case(s); children in the care and custody of the Department; adult protective cases; and adults in public guardianship/conservatorship.
- When division financial eligibility standards are met, the following groups are eligible: elderly persons at risk of institutionalization or needing preventive services; physically handicapped persons; persons with intellectual disabilities living in the community; persons with mental illness living in the community; and families with low incomes that have medical, social and employment needs.
- Consumers of mental health services who meet MaineCare Benefits Manual Section 17 eligibility requirements, to participate in educational, employment, social and recreational opportunities as identified in their treatment plan as part of their planned recovery. Such services include only those which are not covered by the MaineCare non-emergency medical transportation program, which assists qualified consumers with mental health needs with access to medical, education, employment and social services. The Bates v. DHHS Consent Decree requires this service be provided.

FFY2018 SERVICE BUDGET ALLOCATION:

SSBG Funds	Funds Transferred into SSBG	Other Federal Funds	State Funds	Total
\$ 1, 170,755	\$0	\$3,238,193	\$56,379	\$4,465,327

FFY2018 SERVICE RECIPIENT PROJECTIONS:

Total Clients – 5,500

**Maine Department of Health & Human Services Social Services Block Grant
Summary of Services and Projected Funding Federal Fiscal Year 2018**

Service Categories	SSBG Funds	SSBG Transfer*	Other Federal	State Funds	Total Funds
Employment Services	\$567,245			\$354,186	\$921,431
Foster Care Services-Children		\$7,684,650	\$25,218,368	\$53,940,970	\$86,843,988
Home Based Services	\$2,272,238		\$1,434,160	\$11,761,200	\$15,467,598
Home Delivered Meals	\$711,876		\$2,758,180	\$275,000	\$3,745,056
Housing Services	\$514,800		\$8,555,087		\$9,069,887
Prevention & Intervention	\$1,059,963		\$8,376,316	\$1,500,000	\$10,936,279
Transportation Services	\$1,170,755		\$3,238,193	\$56,379	\$4,465,327
SERVICE TOTAL	\$6,296,877	\$7,684,650	\$49,580,304	\$67,887,735	\$131,449,566
DHHS Administration	\$337,223				
ADMINISTRATIVE TOTAL	\$337,223				
GRAND TOTAL	\$6,634,100	\$7,684,650	\$49,580,304	\$67,887,735	\$131,449,566

*TANF Transfer

Service Categories	Total Clients
Employment Services	350
Foster Care Services-Children	2,375
Home Based Services	1,860
Home Delivered Meals	5,736
Housing Services	1,432
Prevention & Intervention	20,015
Transportation Services	5,500
Total	37,268

V. Pre-Expenditure Reporting Form

The program period reflected in this report is October 1, 2017, through September 30, 2018, the Federal Fiscal Year 2018 (FFY18). In FFY18, Maine plans to spend its entire anticipated allotment of federal funds under the SSBG Program.

Pre-expenditure report is available at: <http://www.maine.gov/dhhs/ocfs/aboutus.shtml>

VI. Appendices

Appendix A: Documentation of Public Inspection

Appendix B: Certifications

Appendix C: Proof of Audit

Appendix D: SF 424M (Available at: report is available at: <http://www.maine.gov/dhhs/ocfs/aboutus.shtml>)

APPENDIX A: DOCUMENTATION OF PUBLIC INSPECTION

PUBLIC NOTICE

Issue Date: August 25, 2017

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC COMMENT ON THE STATE OF MAINE SOCIAL SERVICES BLOCK GRANT (SSBG) PLAN OCTOBER 1, 2017 – SEPTEMBER 30, 2018

The Department of Health and Human Services requests public comment on the above-referenced plan. A copy of the proposed plan is available for public inspection on the Maine.gov website at: <http://www.maine.gov/dhhs/ocfs/aboutus.shtml>

The Department will accept written comments on the plan sent to any of the following addresses:

E-mail: Christa.Elwell@Maine.gov

Fax: (207) 287-6156

Mail: Maine Department of Health and Human Services
Office of Child and Family Services
ATTN: Christa Elwell
2 Anthony Avenue, SHS 11
Augusta, ME 04333-0011

Written comments should be sent, so the Department will receive them **before 5:00pm, September 30, 2017**, and should include contact information for the person providing comments, as well as the name of the organization that person represents, if applicable.

APPENDIX B: CERTIFICATIONS (REQUIRED)

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the No procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug

statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of sub recipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must

provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)
221 State Street Augusta, Maine 04330 Kennebec County

Check if there are workplaces on file that are not identified here.
Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

Scott T. Lever
Signature

Acting Deputy Commissioner of Health Services
Title

Maine Department of Health and Human Services
Organization

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

The Pro-Children Act of 2001, 42 U.S.C. 7181 through 7184, imposes restrictions on smoking in facilities where Federally-funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with Federal funds. The statute does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity.

Scott T. Lever

Signature

Acting Deputy Commissioner of Health Services

Title

Maine Department of Health and Human Services

Organization

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non procurement Programs.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility an Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Scott T. Lever

Signature

Acting Deputy Commissioner of Health Services

Title

Maine Department of Health and Human Services

Organization

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Scott T. Lever

Signature

Acting Deputy Commissioner of Health Services

Title

Maine Department of Health and Human Services

Organization

APPENDIX C: PROOF OF AUDIT (REQUIRED)

Federal regulation state that: “Each State shall, not less often than every two years, audit its expenditures from amounts received (or transferred for use) under this title...Within 30 days following the completion of each audit, the State shall submit a copy of that audit to the legislature of the State and to the Secretary.” (Sec. 2006 [42 U.S.C. 1397a, Sec. 2006]).

Provide a copy or link to the most recent audit, or a description of the audit that specifies when the audit occurred and summarizes the results of the audit.

See: <http://www.maine.gov/audit/osa-reports/annual-single-audit.html>.